

PROGRESS OF MEDICAL SCIENCE

MEDICINE

UNDER THE CHARGE OF

W. S. THAYER, M.D.,

PROFESSOR OF CLINICAL MEDICINE, JOHNS HOPKINS UNIVERSITY, BALTIMORE,
MARYLAND,

ROGER S. MORRIS, M.D.,

FREDERICK FORCHHEIMER PROFESSOR OF MEDICINE IN THE UNIVERSITY OF CINCINNATI,
CINCINNATI, OHIO,

AND

THOMAS ORDWAY, M.D.,

DEAN OF UNION UNIVERSITY (MEDICAL DEPARTMENT), ALBANY, N. Y.

Lymphosarcoma, Lymphatic Leukemia, Leukosarcoma, Hodgkin's Disease.—WEBSTER (*Johns Hopkins Hosp. Bull.*, 1920, No. 358, XXXI, 158) calls attention to the confusion existing among pathologists as to the proper classification of these conditions. After the careful study of 123 cases falling into this group, all of which came to autopsy, he arrives at the following conclusions: "(1) It seems probable that lymphosarcoma, lymphatic leukemia and leukosarcoma are different manifestations of the same disease. (2) The term 'lymphadenosis, leukemia or aleukemic' would express this idea, and simplify the classification, until a definite etiological agent is found. (3) This disease is not a neoplasm, but a direct response on the part of the lymphocytes to a chemotactic influence exerted by the disease-causing agent. The presence of this substance in any tissue or organ produces there a local accumulation of lymphoid cells. (4) Diagnosis and prognosis of this disease in its early stage is difficult from the microscopical examination of a single gland because of its resemblance to certain types of benign lymphadenitis. (5) Evidence of ameboid activity on the part of the lymphocytes is indicative of a rapid, fatal course. (6) Hodgkin's disease, a distinct entity, may be diagnosed and accurately prognosed from the microscopic examination of a single gland."

Tuberculosis of the Spine Resembling Pyelitis.—FOSTER (*Jour. of Urol.*, 1920, No. 6, iv, 559) notes that occasionally disease of the spine, sufficient in extent to cause nerve injury with its resulting pain, does not cause impaired motility, and thus leads to a mistaken diagnosis. A case is reported in which the patient gave a history of unilateral pain suggesting pyelitis. Intermittent fever and pyuria were

present. Cystoscopic examination revealed pus coming from the kidney on the side of the pain. Examination of spine and radiograms negative. The diagnosis of pyelitis was made. Two months later kyphosis and signs of tuberculous disease of the vertebrae developed.

Dangers to Life Associated with Gall-stone Disease and Their Prevention.—TILTON (*New York Med. Jour.*, 1921, No. 1, cxiii, 4) considers the following as the chief dangers that threaten life: (1) Acute suppurative or gangrenous cholecystitis; (2) cholangitis; (3) malignant disease of the gall-bladder; (4) operation in delayed cases. Acute cholecystitis produces exquisite right hypochondriac pain, frequently radiating to the right shoulder. There is at times a chill. Hyperpyrexia occurs; sometimes vomiting. Examination reveals marked abdominal rigidity, and a mass caused by the distended gall-bladder and adherent omentum. Jaundice is usually absent. There is a leucocytosis with high polymorphonuclear count. The treatment advised in the severe cases is surgical, simple drainage being the operation of choice. Cholangitis implies common duct blockage with resulting infection. Jaundice is the most characteristic symptom and is often accompanied by chills, intermittent fever, sweats and prostration. The ultimate treatment is surgical. The choice of the time for operation is a question of surgical judgment. Operation is more hazardous at the height of the attack, yet if the symptoms persist for forty-eight hours and the patient's general condition is growing worse it offers the best chance for recovery. Simple drainage meets the vital indications. If the patient recovers from an attack under medical treatment he should not be allowed to run the risk of a recurrence. "One attack of jaundice associated with stones indicates operation in the absence of other factors that may contra-indicate operations in general." Malignancy of the gall-bladder is not a rare complication of gall-stones. Every chronic, thickened gall-bladder with stones has the possibility of malignant change, and should be removed. The history is that of repeated gall-stone attacks. When hepatic metastases are present the case is hopeless. Surgery may be successful if the growth is confined to the gall-bladder. Under the heading of the dangers of operation in the delayed cases, the author discusses the cases of gall-stone carriers from the standpoint of operative risk, noting the frequency with which one meets in them evidences of cardiac and renal disease. Attention is called to the fact that these delayed operations are usually more difficult and prolonged. These dangers can be avoided by operating in the early stages of the disease. The conclusion is reached that early operation in cholelithiasis is strongly indicated.

The Pulse-rate in Relation to Metabolism and Diagnosis.—(*Jour. Am. Med. Assn.*, 1921, lxxvi, 181). The fundamental work of Benedict and Murchhanser on the relationship between metabolism and pulse-rate in normal individuals is cited, as is the more recent work of Means and Anb, and Sturgis and Tompkins. The writer notes that discrepancies between pulse-rate and metabolism occur, but calls attention to the fact (Sturgis and Tompkins) that a pulse-rate at complete rest of below 90 a minute is seldom, and below 80 a minute is rarely associated with an increase in metabolism. This finding is of

much clinical importance in the recognition of the large group of nervous patients with symptoms suggesting hyperthyroidism, and in many instances of tachycardia not dependent upon thyroid disease.

Leukanemia.—SYMMERS (*Jour. Am. Med. Assn.*, 1921, lxxvi, 156) reports a case which clinically fell under this group-name, as originally described by Lœbe in 1900. The disorder is characterized by findings suggestive of both a primary anemia and myeloid leukemia, and is a rapidly progressive fatal malady. Stating that among hematologists the consensus of opinion is that the myeloblast is capable of differentiation into erythroblast on the one hand, and into granular leukocytes on the other, Symmers notes that in leukanemia the provocative agent seems to strike the bone-marrow with such intensity as to cause the appearance of both types of cells (erythroblastic and leukocytic) in the circulating blood. He summarizes as follows: "(1) Leukanemia is characterized clinically by an extremely rapid course and by changes in the blood, bone-marrow, spleen, liver and lymph nodes that partake both of the nature of pernicious anemia and myeloid leukemia, the causative agent acting on the hematogenic centers of the bone-marrow in such fashion as to produce marked numerical increase in those primitive cells which represent the precursors of both the erythroblasts and the granular leukocytes. The primitive cells in question are myeloblasts, as is shown by their morphology, and by the fact that they respond to the oxydase test. (2) Histogenetically, pernicious anemia, myelogenous leukemia and leukanemia are closely related conditions, and represent different quantitative responses on the part of the bone-marrow to regenerative stimuli acting on the same metocyte, namely, the myeloblast. (3) Leukanemia is probably not an independent disease but one of a group of rapidly progressive derangements of the blood-forming tissues, due to infection."

Use of a High Fat Diet in the Treatment of Diabetes Mellitus.—NEWBURN and MARSH (*Arch. Int. Med.*, 1920, xxvi, 647) report their studies of the use of high fat diet in the treatment of diabetes mellitus. Their observations are made on 73 cases of true diabetes mellitus, the majority of which were of the severest type. Despite this fact, they had succeeded in rendering and keeping their patients sugar-free up to the time of discharge from the hospital. The authors summarize their observations as follows: "Patients with severe diabetes, as a class, do not remain sugar-free on the usual high protein diet unless the total energy intake is kept so low that incapacity from starvation results. The only satisfactory diet is one which will keep the diabetic sugar-free, which will prevent the occurrence of serious acidosis, which will maintain nitrogen balance and which will make it possible for him to resume the ordinary activities of life. With these four points in mind, we studied the effect of a high fat, low protein, low carbohydrate diet in the treatment of diabetes. Our experience with this type of diet in the management of 73 cases has convinced us that it is capable of fulfilling these four specifications." The authors append examples of their diet.